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Company: United States Patent and
 Trademark Office
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From: Louis Myers, Esq.
Phone: (617) 227-7400
Fax: (617) 742-4214 (note new fax no.)
Case No.: BGP-151CP (USSN 08/447,118)

Date: 05/22/98

Sent By:

**Pages including this
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In re the application of Linda C. Burkly
 Serial No. 08/447,118
 Filed: May 22, 1995
 For: TREATMENT FOR INSULIN DEPENDENT DIABETES

Case Docket No. BGP-151CP

VIA FACSIMILE
ASSISTANT COMMISSIONER FOR PATENTS
Box AF
Washington, D.C. 20231

RECEIVED
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Sir:

Transmitted herewith for filing in connection with the above-identified application are the following:

- Amendment After Final (9 pages);
- Request For A Three-Month Extension of Time Based on Large Entity Status (1 page, in duplicate);
- Notice of Appeal (1 page, in duplicate); and
- Executed Declaration, Petition and Power of Attorney (4 pages).
- Please charge our Deposit Account No. 12-0080 in the amount of \$310.00 in payment of the Notice of Appeal and \$950.00 in payment of the Three-Month Extension of Time Based on Large Entity Status for which a duplicate copy of this sheet is enclosed.

The fee has been calculated as shown below:

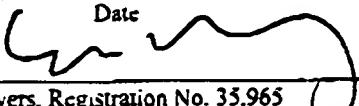
	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	11	MINUS	24	=	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM					

SMALL ENTITY	
RATE	ADDT FEE
11 -	\$0.00
1 =	\$0.00
+135 =	\$0.00
TOTAL ADDIT. FEE	\$0.00

OTHER THAN SMALL ENTITY	
OR	RATE
	\$0.00
	\$0.00
	\$0.00
OR	TOTAL
	\$0.00

• If this entry in Col 1 is less than the entry in Col 2, write "0" in Col 3
 .. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space
 ... If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed

- A check in the amount of _____ is enclosed for presentation of extra claims.
- A check in the amount of _____ is enclosed for .
- Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 12-0080 for which a duplicate copy of this sheet is enclosed.

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I hereby certify that this correspondence is being facsimile transmitted to Assistant Commissioner for Patents, Box AF, Washington, D.C. 20231 on:	
<u>May 22, 1998</u>	
Date	
Louis Myers, Registration No. 35,965	

Respectfully submitted,
 LAHIVE & COCKFIELD


 Louis Myers
 Registration No. 35,965
 Attorney for Applicants

In re the application of Linda C. Burkly

Case Docket No. BGP-151CP

Serial No. 08/447,118

Filed. May 22, 1995

For TREATMENT FOR INSULIN DEPENDENT DIABETES

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The fee has been calculated as shown below:

(Col 1)		(Col 2)		(Col 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL	- 11 -	MINUS ** 24	= 0	
INDEP.	- 1 -	MINUS *** 4	- 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM				

SMALL ENTITY	
RATE	ADDT. FEE
11 -	\$0.00
41 =	\$0.00
+135 =	\$0.00
TOTAL ADDIT. FEE	\$0.00

OTHER THAN SMALL ENTITY	
RATE	ADDT. FEE
22 -	\$0.00
82 =	\$0.00
+270 =	\$0.00
TOTAL	\$0.00

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Respectfully submitted,
LAHIVE & COCKFIELD


 Louis Myers
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 Attorney for Applicants